MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

108114

RECLIVED
Attorney General's Office

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State Charity Registration Number: CT 108114		Check if:		NOV 2 2 2017		
		Change of address Amended report		Registry of	Registry of Charitable Trusts	
RIVER CITY FOOD BANK Name of Organization				Ondinable II		
P.O. BOX 160204 Address (Number and Street)		Corporate c	or Organization No.	2032882		
SACRAMENTO, CA 95816 City or Town, State and ZIP Code		Federal Employer I.D. No. 91–1851398				
ANNUAL REGISTRATION R Make Chec	ENEWAL FEE SCHEDULE (11 Cal.	. Code Regs legistry of C	s. sections 301-30 Charitable Trusts	07, 311 and 312)		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual R	levenue	Fee	<u> </u>
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		\$150 \$225 \$300	
PART A - ACTIVITIES						
For your most recent full accounting p Gross annual revenue \$2,	period (beginning $01/01/20$ $179,098$ Total assets \$_	16 endi	ing <u>12/31/</u> 239,538.	2016) list:		
PART B - STATEMENTS REGARDING ORGA						
Note: If you answer "yes" to any of the que and details for each "yes" response.	estions below, you must attach a s	eparate she	eet providing an e	xplanation		
We the second se				the organization	Yes	No
 During this reporting period, were there are and any officer, director or trustee thereof any financial interest? 	ny contracts, loans, leases or other t f either directly or with an entity in w	nancial tran	ch officer, director	or trustee had		х
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 						х
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?						x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						х
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.						х
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 7					- X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						х
, 8. Does the organization conduct a vehicle or operated by the charity or whether the organization.	donation program? If "yes," provide ganization contracts with a commer	an attachme	ent indicating whet er for charitable pu	her the program is urposes.		х
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?					X	
Organization's area code and telephone number 9	16-446-2627					
Organization's e-mail address EMAIL@RIV	ERCITYFOODBANK.ORG	<u> </u>				
I declare under penalty of perjury that I have exam correct and complete.	ined this report, including accompanyi	ng documents	s, and to the best of	my knowledge and belief	, it is tru	e,
	EEN THOMAS		XECUTIVE		to	
Signature of authorized officer Printe	ed Name	Ti	tie	Da Out 15 20	(7	
629291 04-01-16	•	\$	150 549	,	RRF-1	(3-05)

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT 7

SETA - SACRAMENTO EMPLOYEMENT TRAINING AGENCY, 925 DEL PASO BLVD, SACRAMENTO, CA 95815